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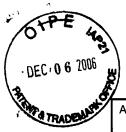
INSTRUCTIONS: The appropriate. All further indicated an expectation of the continue of the con	correspondence includired below or directed oth	for transmitting the ISS ng the Patent, advance of nerwise in Block 1, by (UE FEE and PUBLIC orders and notification (a) specifying a new co	of m	ON FEE (if requinaintenance fees we pondence address;	ired). Bl vill be n and/or	locks nailed (b) in	1 through 5 sho to the current c dicating a separa	ould be completed where orrespondence address as ate "FEE ADDRESS" for	
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21874	7590 09/14	/2006					•			
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12/08/2006 EAYALEU2		Ka	athleen M.	Drui			(Depositor's name)			
01 FC:1501 14 02 FC:1504 3	•	D	<u>Kalkler</u> ecember 6,	2000		ury	(Signature) (Date)			
APPLICATION NO.	70.00 DA FILING DATE		FIRST NAMED INVEN	TOR	R ATTOR			OOCKET NO.	CONFIRMATION NO.	
00/835 10/							(5807 (70004)		5343	
09/835,194 04/13/2001 Shigetsugu Okamoto 55807 (70904) 5343 TITLE OF INVENTION: IMAGE REPRODUCING METHOD, IMAGE DISPLAY APPARATUS AND PICTURE SIGNAL COMPENSATION DEVICE										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DU		AL FEE(S) DUE	E DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0	1		\$1700	12/14/2006	
·	EXAMINER ART UNIT			;				\$1700	12/11/2000	
SHAPIRO, LEONID 2629			345-077000							
1. Change of correspondence address or indication of "Fee Address" (37			2. For minting on the natural front many list						-	
CFR 1.363).		•	(1) the names of up to 3 registered patent attorneys						. Conlin	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alter	mativ	natively, single firm (having as a member a 2 Steven M. Jensen					
			registered attorney	y or agent) and the names of attorneys or agents. If no n					s Angell Palmer e LLP	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.							
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a. Applicant clain	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no	long	ger claiming SMAI	LL ENT	TTY st	atus. See 37 CF	R 1.27(g)(2).	
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Authorized Signature	of the	<u></u>		Date December 6, 2006						
Typed or printed nan	ne Steven W.	Jensen		Registration No. 42,693						
This collection of informan application. Confider	nation is required by 37 C ntiality is governed by 35	CFR 1.311. The informati U.S.C. 122 and 37 CFR	ion is required to obtain 1.14. This collection i	or r	etain a benefit by t imated to take 12 i	he publi minutes	to con	ch is to file (and nplete, including	by the USPTO to process) gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	nber	09/835,194-Co	nf. #5343			
FEE TRANSMITTAL			Filing Date		April 13, 2001				
For FY 2006			First Named Inv	entor	Shigetsugu Okamoto				
FOI F1 2000			Examiner Name		L. Shapiro				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2629						
TOTAL AMOU	TOTAL AMOUNT OF PAYMENT (\$) 1,730.00 Attorney Docket No. 55807(70904)								
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	Nor	other ((please iden	tify):			
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FEE CALCUL	.ATION								
1. BASIC FILIN	•	XAMINATION FEE							
-	F	ILING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Ty	<u>/pe Fee (</u>		Fee (\$		Fee (\$)	Fee (\$)	Fees Pa	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0	-		
2. EXCESS CLA	NIM FEES						_	mall Entity	
Fee Description Fee (\$)									
Each claim over 20 (including Reissues) 50 25									
Each independent claim over 3 (including Reissues) 200 100									
l · ·	fultiple dependent claims 360 180					180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
	- 20 = ber of total claims paid fo	x = or, if greater than 20.				ee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				-	
	-3=	x =							
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3. APPLICATION SIZE FEE									
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8001 Printed copy of patent w/o color 30.00									
CUDMITTED BY									
SUBMITTED BY Signature	4-1			Registration No.	42,693	Telephone	(617) 439	1111	
·	- hande			(Attorney/Agent)	42,093	 	<u> </u>		
Name (Print/Type)	Steven M. Jense	n				Date	December	6, 2006	



Application No. (if known): 09/835,194

Attorney Docket No.: 55807(70904)

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